## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09996516

| CLAIMS AS FILED - PART (Column 1)   |  |   |                 |             | (Column 2)                               |  |        | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|-----------------|-------------|--|--|--------|---------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   |                 |             | (Column 2)                               |  | 1      | RATE                | FEE                    | on<br>I | RATE                       | FEE                    |  |
| TOTAL CIDAINIS  |  |   | 29              |             | AN 11 10 5 10 5 10 5 10 5 10 5 10 5 10 5 |  |        | BASIC FEE           | 370.00                 |         | BASIC FEE                  | 740.00                 |  |
| FOR   |  |   | NUMBER FILED    |             | NUMBER EXTRA                             |  |        | BASIC FEE           | 370.00                 | OR      |                            |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 29 minus 20=    |             | * 9                                      |  |        | X\$ 9=              |                        | OR      | X\$18=                     | 162                    |  |
| INDEPENDENT CLAIMS  |  |   | 5 minus 3 =     |             | 2  |  |        | X42=                |                        | OR      | X84=                       | 168                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                 |             |  |  |        | +140=               |                        | OR      | +280=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                 |             |  |  |        | TOTAL               |                        | OR      | TOTAL                      | 1070                   |  |
| CLAIMS AS AMENDED - PART II   |  |   |                 |             |  |  |        |                     |                        |         | OTHER                      |                        |  |
|   | )/9/0 <u>S</u>                                 | (Column 1)                              |                 |             | mn 2)                                    | (Column 3)                                   | 1      | SMALL               |                        | OR      | SMALL                      |                        |  |
| NTA   |  | CLAIMS REMAINING AFTER AMENDMENT        |                 | NUN<br>PREV | HEST<br>MBER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA                             |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT A</b>  | Total  | . 29                                    | Minus           | **          | 29                                       | =  |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|   | Independent                                    | . 4                                     | Minus           | ***         | 5  |  | 1      | X42=                |                        | OR      | X84=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |             |  |  |        | +140=.              |                        | OR      | +280=                      |                        |  |
|   |  |   |                 |             |  |  |        | TOTAL<br>ADDIT, FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                 |             |  |  |        |                     |                        | •       | , ADDII. 1 CL              |                        |  |
| AMENDMENT B   |  | (Column 1)<br>CLAIMS                    |                 | HIG         | HEST                                     |  |        |                     | ADDI-                  | l       |                            | ADDI-                  |  |
|   |  | REMAINING<br>AFTER                      |                 | PREV        | MBER<br>NOUSLY                           | PRESENT                                      |        | RATE                | TIONAL                 |         | RATE                       | TIONAL<br>FEE          |  |
|   |  | AMENDMENT                               |                 | PAI         | D FOR                                    |  | 1      |                     | FEE                    | 1       | V040                       | TEE_                   |  |
|   | Total  | *                                       | Minus           | **          |  | =  | 4      | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
| AME   | Independent                                    | *                                       | Minus           | ***         | IT CLAIN                                 | <u>                                     </u> | 4      | X42=                |                        | OR      | X84=                       |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |             |  |  | J      | +140=               |                        | OR      | +280=                      |                        |  |
|   |  |   |                 |             |  |  |        | TOTAL               |                        | OR      | TOTAL                      |                        |  |
|   |  |   | ADDIT. FEE      | L           | ·  | ADDIT. FEE                                   |        |                     |                        |         |                            |                        |  |
| <b> </b> _  |  | (Column 1)<br>CLAIMS                    | ,               |             | umn 2)<br>SHEST                          | (Column 3                                    | 3)     |                     |                        | •       |                            | LADDI                  |  |
| ပ   |  | REMAINING<br>AFTER                      |                 | NU          | MBER<br>VIOUSLY                          | PRESENT                                      |        | RATE                | ADDI-<br>TIONAL        | İ       | RATE                       | ADDI-<br>TIONAL        |  |
|   |  | AMENDMENT                               |                 |             | D FOR                                    |  | 4      |                     | FEE                    | 4       | <u> </u>                   | FEE                    |  |
|   | Total  | *                                       | Minus           | **          |  | =  | 4      | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
| AMENDMENT C   | Independent                                    | *                                       | Minus           | ***         |  | <u>                                     </u> | 4      | X42=                |                        | OR      | X84=                       |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |             |  |  |        | +140=               |                        | OR      | +280=                      |                        |  |
| ١.  | If the enter in colu                           | ıma 1 le less than                      | the entry in co | lumn 2. w   | rite "0" in c                            | olumn 3.                                     |        | TOTAL               |                        | 4       | TOTA                       |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                 |             |  |  |        |                     |                        |         |                            |                        |  |
|   | rr tne "Highest Ni<br>The "Highest Nui         | umber Previously P<br>mber Previously P | aid For" (Total | or Indepe   | ndent) is th                             | e highest num                                | nber f | iound in the a      | ppropriate b           | ox in o | olumn 1.                   |                        |  |
| 1   |  |   |                 |             |  |  |        |                     |                        |         |                            |                        |  |